## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I

10002563

SMALL ENTITY

CLAIMS AS FILED - PART I								SMALL ENTITY		OTHER THAN		
			(Columir	1)	(Colu	ımn 2).	1	TYPE [		OR	SMALL	ENTITY
TOTAL CLAIMS					. :			RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		,			X42=		OR	X84=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+140=		OR	+280≃	!
* If the difference in column 1 is less than zero, enter "0" in co						column 2	ι	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II										_	OTHER	THAN
	V	(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 4	Minus	2	0	-		X\$ 9=		Qβ	X\$18# 012	<u> Pagar</u>
	Independent	. 2	Minus	🤇	3	<u> </u>		X427600	\$7.9763	OP	00 <b>X84E</b> (0	ss 8002/07
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	PENDENT	COOM			+140-		OFC	4280±	
							L	TOTAL.		OR	TOTAL ADDIT FFE	
	(Column 1) (Column 2) (Column 3)							DDH, FEE	·		ACAM 11 C.	
AMENDMENT B		(Column 1) CLAIMS		HIGH		(Column 5)	l r		ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE	*	RATE	TIONAL FEE
	Total	. 4	Minus	p. 4		2		X\$ 9≈		ЯO	X\$ 18≥	
	Independent	. 2	Minus	100		<u></u>		X42±		OR	X84:-	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>,</b>	+140-		OB	1280-	
TOTAL										OB	TOTAL	
ADDIT, FEE											ADDIT FEEL	<del></del>
		(Column 1)		(Colur	= 0.7	(Column 3)	ر ا			,		. 551
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		HATE	ADDI- TIONAL FEE
	Total	•	Minus	**		s.		X\$ 9=		OR	X\$18	
	Independent	1	Minus	444		=	-	X42=		on	X84:-	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									İ	. 220	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 TOTAL									OB	+280		
	the Wiched Nor	ntiar Provincialy Pri	id For IN THU	S SPACE &	s iess ma	u 20' Aug 50	Al	TOTAL DOIT FEE		OR,	TOTAL DDH FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" ADDIT FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3,"  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												